

**FAMILY READINESS GROUP**  
**REQUEST FOR REIMBURSEMENT**

As of: 4 Jan 10

Date: \_\_\_\_\_

Vendor/Individual Requesting Reimbursement:

\_\_\_\_\_

Event: \_\_\_\_\_  
(Parade, Meeting etc)

Item: \_\_\_\_\_  
(Childcare, Food, etc)

Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_  
Name (Vendor/Individual)

\_\_\_\_\_  
Signature

Approved by:

\_\_\_\_\_  
Name (Treasurer)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (FRG Leader)

\_\_\_\_\_  
Signature

\* Purchases and/or reimbursements should be approved by someone other than the Treasurer prior to writing a check.

\* All requests for purchases and reimbursements should be accompanied by a receipt.

\* Attach receipt(s) or supporting documentation to request and file in binder chronologically by check number.